UPSTATE ORTHODONTICS
Mark McInnis DMD

Chart # _____ Date _____

Patient's Name _____ Nickname _____ Age _____
First Last

Social Security Number _____ Date of Birth _____ Sex _____

Address _____ Zip _____

Home Phone _____ Cell Phone _____Work Phone _____

Employer _____ Employer Address _____

Occupation _____ Email Address _____

School _____ Dentist _____ Physician _____

Responsible Party _____ Patient Resides with _____

If patient is under 18 please fill out the following: Father Mother

Name	_____	_____
SS#/DOB	_____/_____	_____/_____
Employer	_____	_____
Employer's Address	_____	_____
Occupation	_____	_____

Parents' Marital Status: Married _____ Widow (er) _____ Separated _____ Divorced _____ Single _____

Other children treated in our practice: _____

Reason for Orthodontic Examination _____

How did you decide to come to this office? _____

Orthodontic Insurance Information Orthodontic Coverage Yes / No / Unsure

Father/Self (circle one)

Name of Ins. Co. _____

Mother/Spouse (circle one)

Name of Ins. Co. _____

Patient Medical Information

Have you ever worn orthodontic appliances before? Yes / No

Are you under the care of a physician? Yes / No

If yes, Why_____

Do you have or have you ever had:

injury to the teeth or jaws? Yes / No

birth defect or handicap? Yes / No

asthma or breathing problems? Yes / No

heart disease, murmer or rheumatic fever? Yes / No

immunosuppressant disorders? Yes / No

seizures or other neurological disorders? Yes / No

bleeding problems? Yes / No

liver disease or hepatitis? Yes / No

epilepsy or other seizures? Yes / No

Are you allergic to: Penicillin? Yes / No

Local Anesthetic? Yes / No

Other medications or drugs? Yes / No

If so what? _____

Are you taking any medications for osteoporosis? (bisphosphates) Yes / No

List any medications you are currently taking _____

_____

Do you have any other medical conditions that we should be aware of?

_____

What would you like your orthodontic treatment to accomplish? _____

_____

For young ladies: have you begun your menstrual cycles? Yes / No

Are you Pregnant? Yes / No